



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

<b>DOCKET NO:</b> H-05	<b>BOARD MEETING:</b> June 5, 2012	<b>PROJECT NO:</b> 12-019	<b>PROJECT COST:</b> Original: \$19,204,696
<b>FACILITY NAME:</b> Elmhurst Memorial Hospital		<b>CITY:</b> Elmhurst	
<b>TYPE OF PROJECT:</b> Non-Substantive			<b>HSA:</b> VII

**PROJECT DESCRIPTION:** The applicants (Elmhurst Memorial Hospital, Elmhurst Memorial Healthcare, and Cyberknife Center of Chicago, LLC) are proposing to relocate their oncology-related programs from the Berteau Avenue campus, to the new Elmhurst Memorial Hospital campus on East Brush Hill Road, in Elmhurst. The anticipated cost of the project is \$19,204,696.



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### EXECUTIVE SUMMARY

#### **PROJECT DESCRIPTION:**

- The applicants (Elmhurst Memorial Hospital, Elmhurst Memorial Healthcare, and Cyberknife Center of Chicago, LLC) are proposing to relocate its oncology-related programs from the Berteau Avenue campus to the newly-established East Brush Hill Road campus, at a cost of \$19,204,696. **The anticipated project completion date is June 30, 2014.**

#### **WHY THE PROJECT IS BEFORE THE STATE BOARD:**

- The project is before the State Board because the project is by or behalf of a hospital and exceeds the capital expenditure minimum of \$11,885,440.

#### **PURPOSE OF THE PROJECT:**

- The purpose of the project is to relocate the cancer treatment program of the hospital from the Berteau Avenue campus, to the East Brush Hill Road campus. The State Board Staff notes the applicants were approved at the April 2012 State Board Meeting as project #12-006 to discontinue all categories of service at the Berteau Avenue Campus.

#### **NEED:**

- The proposed project proposes to relocate oncology related programs at Elmhurst Memorial Hospital from its Berteau Avenue campus, to the East Brush Hill Road campus. No new categories of service are being added, and no expansion of services will occur.

#### **BACKGROUND:**

- In February of 2008 the applicants were approved for the establishment of a hospital located at 155 E. Brush Hill in Elmhurst, Illinois (York Street and Euclid Avenue Campus) as Permit #07-104 at a cost of \$466.3 million. The new hospital was approved for 198 M/S, 6 Peds, 20 OB, and 35 ICU beds in addition to Cardiac Catheterization and Open-heart categories of service. The Berteau Avenue facility continued to operate Skilled Nursing Care, AMI services, a stand-by emergency department, oncology, behavioral health, physical and occupational therapy, imaging, an immediate care center, and occupational health. These two campuses were licensed under one hospital license.
- In April 2012 the applicants were approved to discontinue the long term care and AMI category of services at the Berteau Campus as Project #12-006. As a result of that discontinuation the Berteau campus is no longer considered part of the licensed campus. As part of that discontinuation the permit holder stated that the cancer center currently located at the Berteau Avenue campus would be relocated to the York Campus. Project



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#12-006, Elmhurst Memorial Hospital, has no project costs, and a completion date of July 31, 2012.

### COMPLIANCE:

- The applicants have had no adverse actions in the past three years and are in compliance with all of the State Board's reporting requirements.

### PUBLIC HEARING/COMMENT

- No public hearing was requested and no letters of support or opposition were received by the State Board Staff.

### FINANCIAL AND ECONOMIC FEASIBILITY:

- The applicants have provided audited financial statements and it appears that sufficient financial resources exist to complete the project.

### CONCLUSION:

- The applicant proposes to construct an outpatient cancer center in 32,442 GSF of space, on the campus of the newly relocated Elmhurst Memorial Hospital, 155 East Brush Hill Road. The applicants propose to relocate its oncology related services to a newly constructed building adjacent and connected to the new hospital. The proposed cancer care center will provide primarily outpatient services, while maintaining hospital standards consistent with inpatient guidelines to accommodate both inpatient and outpatient populations. **The applicants have met all of the requirements of the State Board.**



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**STATE AGENCY REPORT**  
**Elmhurst Memorial Hospital**  
**PROJECT #12-019**

Applicant	Elmhurst Memorial Hospital Elmhurst Memorial Healthcare Cyberknife Center of Chicago, LLC
Facility Name	Elmhurst Memorial Hospital
Location	Elmhurst
Application Received	March 2, 2012
Application Deemed Complete	March 5, 2012
Review Period Ended	May 4, 2012
Public Hearing Requested	No
Can Applicant Request Deferral	Yes

**I. The Proposed Project**

The applicants (Elmhurst Memorial Hospital, Elmhurst Memorial Healthcare, and Cyberknife Center of Chicago, LLC) propose to relocate its oncology related services from its Berteau Avenue campus to its East Brush Hill Road campus in Elmhurst at a cost of \$19,204,696.

**II. Summary of Findings**

- A. The State Agency finds the proposed project appears to be in conformance with the provisions of Part 1110.
- B. The State Agency finds the proposed project appears to be in conformance with the provisions of Part 1120.

**III. General Information**

The applicants are Elmhurst Memorial Hospital, Elmhurst Memorial Healthcare, and Cyberknife Center of Chicago, LLC. The existing hospital is located at 200 Berteau Avenue, Elmhurst. The applicants propose to relocate its oncology-related services from its Berteau Avenue campus to a newly-constructed 32,442 GSF building on the new Elmhurst Memorial Hospital campus, at 155 East Brush Hill Road, 3.5 miles away. Per 77 IAC 1110.40 this is a non-substantive project



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subject to both a Part 1110 and Part 1120 review. Obligation will occur after permit issuance. **The anticipated project completion date is June 30, 2014.**

**Letters of Support and Opposition:**

A public hearing was offered on this project; however, no hearing was requested. Letters of support No letters of support or opposition were received by the State Board Staff.

**Safety Net Impact Statement**

The applicants note the health care system serves as Safety Net provider for residents of eastern DuPage and western Cook counties. Among the broad spectrum of services, Oncology is among the largest. The applicants notes the Cyberknife program is unique to the service area and State, and is provided at only four other hospitals in Illinois. Elmhurst Memorial Hospital operates with admission policies that do not discriminate in any manner, including ability to pay (See Tables One and Two). The applicants attest the current admission policy will remain in place after project completion.

**At the conclusion of this report is the 2010 Annual Hospital Questionnaire with utilization and financial data. Table One outlines the applicants' Charity Care and Medicaid information for the past 3 years. Table Two outlines the applicants' charity care for FY2009-FY2011.**

TABLE ONE			
Elmhurst Memorial Hospital			
Medicaid and Charity Care Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	FY 2008	FY 2009	FY 2010
Inpatient	943	748	1,116
Outpatient	1,542	3,329	4,006
<b>Total</b>	<b>2,485</b>	<b>4,077</b>	<b>5,122</b>
Charity (cost in dollars)			
Inpatient	\$2,841,008	\$3,454,758	\$3,931,342
Outpatient	\$1,955,083	\$2,615,326	\$3,159,949



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TABLE ONE			
Elmhurst Memorial Hospital			
Medicaid and Charity Care Information per PA 96-0031			
Total	\$4,796,091	\$6,070,084	\$7,091,291
% of Charity Care to Net Revenue	1.7%	2.0	2.4%
Medicaid			
Medicaid (# of patients)	FY 2008	FY 2009	FY 2010
Inpatient	999	1,183	1,217
Outpatient	26,573	36,714	38,640
Total	27,572	37,897	39,857
Medicaid (revenue)	2008	2009	2010
Inpatient	\$6,970,493	\$7,579,913	\$8,857,501
Outpatient	\$1,957,034	\$1,871,109	\$3,245,659
Total	\$8,927,527	\$9,451,022	\$12,103,160
% of Medicaid to Net Revenue	3.1%	3.3%	3.9%

TABLE TWO			
Charity Care			
Elmhurst Memorial Hospital			
	2009	2010	2011
Net Patient Revenue	\$285,080,892	\$306,696,734	\$296,664,159
Amount of Charity Care (Charges)	\$18,681,666	\$24,238,835	\$29,588,271
Cost of Charity Care	\$4,796,091	\$6,070,084	\$7,091,291
% of Charity Care to Net Patient Revenue	1.6%	1.9%	2.3%

#### IV. The Proposed Project - Details

The applicants propose to relocate the oncology related programs currently located at Elmhurst Memorial Healthcare's campus, 200 Berteau Avenue, Elmhurst, to Elmhurst Memorial Hospital's new campus, located at 155 East Brush Hill Road, Elmhurst. The newly-constructed facility will consist of 32,442 GSF of space, and be located contiguous and connected to the Brush Hill Road facility. The applicants note new facility will continue to offer radiation and



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infusion therapy services, and that a Certificate of Need (CON) application (application #12-006) have been approved to discontinue all inpatient clinical services at Elmhurst Memorial Healthcare's Berteau Avenue campus. The estimated project cost is \$12,904,696.

### V. Project Costs and Sources of Funds

The proposed project is being funded with cash and securities totaling \$15,704,696, and the fair market value of a lease totaling \$3,500,000. Table Three outlines the project's costs and uses of funds. The State Agency notes the project has both clinical and non-clinical components.

<b>TABLE THREE</b>			
<b>Project Costs and Sources of Funds</b>			
<b>Project Costs</b>			
	<b>Clinical</b>	<b>NonClinical</b>	<b>Total</b>
Preplanning	\$189,000	\$84,000	\$273,000
Site Survey and Soil Investigation	\$12,758	\$12,242	\$25,000
Site Preparation	\$178,614	\$171,386	\$350,000
Off-Site Work	\$369,986	\$355,014	\$725,000
New Construction	\$4,511,100	\$3,682,070	\$8,193,170
Contingencies	\$451,110	\$368,207	\$819,317
Architectural and Eng. Fees	\$212,500	\$203,900	\$416,400
Consulting Fees	\$564,076	\$541,956	\$1,106,032
Movable of Other Equipment	\$2,475,728	\$826,049	\$3,301,777
FMV of Leased Equipment	\$3,500,000	\$0	\$3,500,000
Other Costs to be Capitalized	\$252,611	\$242,389	\$495,000
<b>Total</b>	<b>\$12,717,483</b>	<b>\$6,487,213</b>	<b>\$19,204,696</b>
<b>Sources of Funds</b>			
Cash & Securities	\$9,217,483	\$6,487,213	\$15,704,696
FMV of Leases	\$3,500,000		3,500,000
<b>Total</b>	<b>\$12,717,483</b>	<b>\$6,487,213</b>	<b>\$19,204,696</b>

### VI. Cost/Space Requirements

Table Four displays the project's cost/space requirements for the clinical portion only. The clinical portion comprises approximately 66.3% of the cost and



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approximately 51.2% of the GSF; while the non-clinical portion comprises approximately 33.7% of the cost and approximately 48.8% of the GSF. The definition of non-clinical as defined in the Planning Act [20 ILCS 3960/3] states, "non-clinical service area means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving treatment at the health care facility."

**TABLE FOUR  
Cost Space Chart**

Department/Area	Cost	Existing	Proposed	New Construction	Vacated Space
Radiation Therapy	\$8,902,238	6,770	6,061	6,061	6,770
Medical Oncology	\$3,815,245	5,450	10,567	10,567	5,450
<b>Subtotal Clinical</b>	<b>\$12,717,483.00</b>	<b>12,220</b>	<b>16,628</b>	<b>16,628</b>	<b>12,220</b>
Public Areas	\$2,011,036	1,320	3,851	3,851	1,320
Administrative	\$1,232,570	0	1,949	1,949	0
Bldg. Components	\$3,243,607	0	10,014	10,014	0
<b>Subtotal Non Clinical</b>	<b>\$6,487,213</b>	<b>1,320</b>	<b>15,814</b>	<b>15,814</b>	<b>1,320</b>
<b>Total</b>	<b>\$19,204,696</b>	<b>13,540</b>	<b>32,442</b>	<b>32,442</b>	<b>13,540</b>

### **VII. 1110.230 - Project Purpose, Background and Alternatives**

#### **A. Criterion 1110.230(a) - Background of Applicant**

The criterion reads as follows:

- "1) An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character, to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFPB shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the





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**filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").**

The applicant provided a list of all health care facilities currently owned and/or operated by the applicant, including licensing, certification and accreditation identification numbers, a certified attestation from the applicant that no adverse action has been taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application, and authorization permitting HFPB and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted. The applicant also submitted their Joint Commission on Hospital Accreditation Program certificate. The applicants appear fit, willing and able and have the qualifications, background and character to adequately provide a proper standard of healthcare service for the community.

### **B. Criterion 1110.230(b) - Purpose of the Project**

The criterion reads as follows:

**The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.**

The applicants are proposing to relocate all oncology-related services from its Berteau Avenue campus in Elmhurst, to its newly established Brush Hill Road campus, 3.5 miles away, in Elmhurst. The applicants note the proposed project will facilitate the need to expand the treatment capacity of its infusion therapy service, and create greater coordination of the oncology-related programs at Elmhurst Memorial Hospital. The new facility is expected to improve patient processing by having an efficiently designed floor plan with oncologist's offices located in close proximity to



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the treatment area(s). The applicants note the proposed facility will be located near and connected to Elmhurst Memorial Hospital, facilitating access for its current and future patients.

### C. Criterion 1110.230(c) - Alternatives to the Proposed Project

The criterion reads as follows:

**"The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.**

- 1) Alternative options shall be addressed. Examples of alternative options include:**
  - A) Proposing a project of greater or lesser scope and cost;**
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;**
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and**
  - D) Other considerations.**
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available."**

The applicants are proposing to relocate its oncology-related services from its Berteau Avenue campus, to its newly-established Brush Hill Road campus 3.5 miles away. The applicant states that they considered three alternatives.

#### 1. Do Nothing, Maintains Status Quo



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The applicants rejected this alternative because the newly-established Main Hospital is 3.5 miles away, making it necessary to transport patients between campuses for oncology-related services. The applicants also noted the current cancer center is located in the basement of the Berteau Avenue campus, in a building that is inefficient and uneconomical to operate. Lastly, the applicants note the oncology service would be the last remaining clinical service on the Berteau avenue campus. **The applicants identified a project cost of approximately \$1,500,000 with this alternative for modernization.**

### **2. Constructing a Building for Outpatient Services Exclusively**

The applicant rejected this alternative because it would not accommodate the small, but equally important, inpatient population requiring oncology services at Elmhurst Memorial Hospital. A building constructed to business occupancy standards would realize slightly less costs (\$2,200,000), but ultimately require oncology inpatients to undergo unnecessary temporary discharge, and readmission procedures to obtain treatment from a building of this nature. **The estimated project cost is \$17,000,000.**

### **3. Construct a New Building on the Berteau Avenue Campus**

The applicants note this alternative would allow for capital costs similar to those realized in option #2, but would result in having one of EMH's primary service lines in a remote location. This option would require patient transportation to and from both buildings for oncology-related services, and require unnecessary patient discharge/admissions, as discussed earlier. The applicants also note the excessive cost incurred through the operation of separate campuses. **The applicants identified no specific costs with this alternative.**

## **VIII. 1110.234 - Project Scope and Size, Utilization and Unfinished/Shell Space Criteria**

### **A) Criterion 1110.234 (a) - Size of Project**

The Criterion states:

**"The applicant shall document that the amount of physical space**



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proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards of Appendix B, unless the additional GSF can be justified by documenting one of the following:

- 1) Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
- 2) The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
- 3) The project involves the conversion of existing bed space that results in excess square footage."

**Size**

The applicants are proposing to establish a facility dedicated solely to the provision of oncology-related services on the campus of Elmhurst Memorial Hospital, Elmhurst. The applicants note the planned space is not excessive, and includes one area in which the Illinois Health Facilities and Services Review Board (IHFSRB) has standards. The proposed category of service is Radiation Therapy, and the proposed service will contain two vaults, comprising a total of 6,061 GSF of space.

TABLE FIVE GSF Space				
Department/Area	Proposed GSF	State Standard	Difference	Met Standard
Radiation Therapy	6,061	6,600	539	Yes

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE SIZE OF PROJECT CRITERION (77 IAC 1110.234(a)).**

**B) Criterion 1110.234 (b) - Project Services Utilization**

**The criterion states:**

**"This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFPB has not**



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**established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100. The applicant shall document that, in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in Appendix B."**

The applicants provided historical utilization data to justify one linear accelerator. However, the applicants provided projected utilization data that support the need to establish a second linear accelerator. The applicants assert that Elmhurst Memorial Hospital's service population is statistically older than that of the Illinois as a whole. The applicants identified six communities that comprise the majority (61.7%) of the hospital's admissions. Those communities are: Elmhurst, Villa Park, Lombard, Addison, Bensenville, and Northlake. The applicants project the population for the 65+ age group to increase 14.4% by 2015, resulting in an increased need for oncology, and oncology-related services. Specifically, the applicants project providing 7,317 radiation therapy treatments in the first year after project completion (2014), and 7,607 treatments in the second year after project completion (2015), which satisfies the requirements for this criterion.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT SERVICES UTILIZATION CRITERION (77 IAC 1110.234(b)).**

### **IX. Section 1110.3030 – Clinical Service Areas Other Than Categories of Service**

#### **B) Need Determination – Establishment**

**The applicant shall describe how the need for the proposed establishment was determined by documenting the following:**

#### **1) Service to the Planning Area Residents**

##### **A) Either:**

- i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or**



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- ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to residents of the service area; and
  - B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical and projected incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.
- 2) **Service Demand**
- To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (b)(2)(A) through (D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.
- A) **Referrals from Inpatient Base**  
For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum two-year historical and two-year projected number of inpatients requiring the subject CSA.
  - B) **Physician Referrals**  
For CSAs that require physician referrals to create and maintain a patient base volume, the applicant shall document patient origin information for the referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true and correct.
  - C) **Historical Referrals to Other Providers**



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If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service needed; patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

**D) Population Incidence**

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

**3) Impact of the Proposed Project on Other Area Providers**

The applicant shall document that, within 24 months after project completion, the proposed project will not:

**A) Lower the utilization of other area providers below the utilization**

standards specified in Appendix B.

**B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.**

**4) Utilization**

Projects involving the establishment of CSAs shall meet or exceed the utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

The applicants have identified three clinical areas that are not designated as "categories of service" under State Board standards. They are: Radiation Therapy, Cyberknife, and Infusion Therapy. Each of these services are being relocated from the Berteau Avenue campus to the new Brush Hill Road campus. Patient origin information is not expected to





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change, with 79.19% of the patient population originating from an area encompassing 17 zip codes in and around Elmhurst (application p. 63). The applicants note the Cyberknife category is still unique to the area, and has a broader patient origin, with 43.18% of the patients residing in the 20 zip codes in and around Elmhurst (application, p. 64).

### **Demand for Services**

**Radiation Therapy:** The applicants note the Radiation Therapy program at EMH experienced a 4.9% decrease in utilization over the last two years, due primarily to the Cyberknife program. The applicants project growth in utilization of the radiation therapy program, based on the opening of the proposed cancer center, and demographic changes in the hospital's service population.

**Cyberknife:** The applicants note the relocation of the Cyberknife program from the Berteau Avenue campus to the Brush Hill Road campus. Since its introduction in 2009, the program treated an average of 244 patients a year, with 4.25 treatments per patient. These data result in the provision of 944 treatments per year, which for planning purposes is projected to remain constant through the second year after project completion.

**Infusion Therapy:** The applicants note this modality is common in the service area, and notes providing infusion therapy services on the new hospital campus, and in outpatient settings in Lombard and on the Berteau Avenue campus. The applicants note the proposed infusion therapy facility will be the conglomeration of the three, and notes an increase in future referrals to the center, from a doctor expecting to resume referral privileges in late 2012. The applicants project to provide 39,114 treatment hours for 2014, and 40,209 treatment hours for 2015, the second year after project completion.

**THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE CRITERION (77 IAC 1110.3030).**

### **XI. Section 1120.120 - Availability of Funds**





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**The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable:**

- a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:**
  - 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and**
  - 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;**
- b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. Provide a list of confirmed pledges from major donors (over \$100,000);**
- c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;**
- d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:**
  - 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;**
  - 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;**



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- 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
- 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
- e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
- f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
- g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.

The applicants note the project is being funded in its entirety with Cash and Securities totaling \$15,704,696, and Fair Market Value of a Lease totaling \$3,500,000. The applicants also note having provided audited financial statements with the application to discontinue services at its Berteau Avenue campus, application #12-006. The applicants have met the requirements of this criterion.

### **XII. 77 IAC 1120.130 - Financial Viability**

- a) **Financial Viability Waiver**  
The applicant is NOT required to submit financial viability ratios if:
  - 1) all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges); or



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**HFSRB NOTE:** Documentation of internal resources availability shall be available as of the date the application is deemed complete.

- 2) the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA), or its equivalent; or

**HFSRB NOTE:** MBIA Inc is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to promote credit enhancement as MBIA would pay the debt (both principal and interest) in case of the bond issuer's default.

- 3) the applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor (insurance company, bank or investing firm) guaranteeing project completion within the approved financial and project criteria.

b) **Viability Ratios**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards. The latest three years' audited financial statements shall consist of:

- 1) Balance sheet;
- 2) Revenues and expenses statement;
- 3) Changes in fund balance; and



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### 4) Changes in financial position.

**HFSRB NOTE:** To develop the above ratios, facilities shall use and submit audited financial statements. If audited financial statements are not available, the applicant shall use and submit Federal Internal Revenue Service tax returns or the Federal Internal Revenue Service 990 report with accompanying schedules. If the project involves the establishment of a new facility and/or the applicant is a new entity, supporting schedules to support the numbers shall be provided documenting how the numbers have been compiled or projected.

### c) Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

The applicants note the project is being funded in its entirety with Cash and Securities totaling \$15,704,696, and Fair Market Value of a Lease totaling \$3,500,000. The applicants also note having provided audited financial statements with the application to discontinue services at its Berteau Avenue campus, application #12-006. The applicants have met the requirements of this criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE FINANCIAL VIABILITY CRITERION (77 IAC 1125.110).**

## **XIII. Review Criteria - Economic Feasibility**

### **A. Criterion 1110.140 - Reasonableness of Financing Arrangements**

The criterion states:

“This criterion is not applicable if the applicant has documented a bond rating of "A" or better pursuant to Section 1120.210. An applicant that



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has not documented a bond rating of "A" or better must document that the project and related costs will be:

- 1) funded in total with cash and equivalents including investment securities, unrestricted funds, and funded depreciation as currently defined by the Medicare regulations (42 USC 1395); or
- 2) funded in total or in part by borrowing because:
  - A) a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times;
  - B) or borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60 day period. The applicant must submit a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to compliance with this requirement.
  - C) The project is classified as a Class B project. The co-applicants do not have a bond rating of "A". No capital costs, except fair market value of leased space and used equipment, are being incurred by the co-applicants."

The applicants note the project is being funded in its entirety with Cash and Securities totaling \$15,704,696, and Fair Market Value of a Lease totaling \$3,500,000. The applicants also note having provided audited financial statements with the application to discontinue services at its Berteau Avenue campus, application #12-006. The applicants have met the requirements of this criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE REASONABLENESS OF FINANCING CRITERION (77 IAC 1120.140(a)).**

### **B. Criterion 1120.140(b) - Conditions of Debt Financing**

This criterion states:



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**"The applicant must certify that the selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors. In addition, if all or part of the project involves the leasing of equipment or facilities, the applicant must certify that the expenses incurred with leasing a facility and/or equipment are less costly than constructing a new facility or purchasing new equipment. Certification of compliance with the requirements of this criterion must be in the form of a notarized statement signed by two authorized representative (in the case of a corporation, one must be a member of the board of directors) of the applicant entity."**

The applicants note the project is being funded in its entirety with Cash and Securities totaling \$15,704,696, and Fair Market Value of a Lease totaling \$3,500,000. The applicants also note having provided audited financial statements with the application to discontinue services at its Berteau Avenue campus, application #12-006. Board Staff finds the requirements of this criterion are inapplicable to the proposed project.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE TERMS OF DEBT FINANCING CRITERION (77 IAC 1125.800).**

### **C. Criterion 1120.140(c) - Reasonableness of Project Cost**

The criteria states:

#### **"1) Construction and Modernization Costs**

Construction and modernization costs per square foot for non-hospital based ambulatory surgical treatment centers and for facilities for the developmentally disabled, and for chronic renal dialysis treatment centers projects shall not exceed the standards detailed in Appendix A of this Part unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. For



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all other projects, construction and modernization costs per square foot shall not exceed the adjusted (for inflation, location, economies of scale and mix of service) third quartile as provided for in the Means Building Construction Cost Data publication unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

2) **Contingencies**

Contingencies (stated as a percentage of construction costs for the stage of architectural development) shall not exceed the standards detailed in Appendix A of this Part unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. Contingencies shall be for construction or modernization only and shall be included in the cost per square foot calculation.

BOARD NOTE: If, subsequent to permit issuance, contingencies are proposed to be used for other line item costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by the State Board prior to such use.

3) **Architectural Fees**

Architectural fees shall not exceed the fee schedule standards detailed in Appendix A of this Part unless the applicants documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

4) **Major Medical and Movable Equipment**

A) For each piece of major medical equipment, the applicants must certify that the lowest net cost available has been selected, or if not selected, that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

B) Total movable equipment costs shall not exceed the standards for equipment as detailed in Appendix A of this Part unless the applicants documents construction constraints or other design complexities and provides





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evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

5) **Other Project and Related Costs**

The applicants must document that any preplanning, acquisition, site survey and preparation costs, net interest expense and other estimated costs do not exceed industry norms based upon a comparison with similar projects that have been reviewed."

The State Agency notes only the clinical costs will be reviewed against the established standards in Part 1120. The State Agency calculated the State Board New Construction Standard using the third quartile of 2012 RS Means data adjusted for complexity by department/function. This number was then inflated by 3.3% per year until the Midpoint of construction.

**Preplanning** - These costs total \$189,000 and are 1.73% of new construction, contingencies, and equipment costs. This appears reasonable when compared to the State Board Standard of 1.8%.

**Site Survey/Soil Investigation and Site Preparation** - These costs total \$191,372 are 3.8% of construction and contingency costs. This appears reasonable when compare to the State Board Standard of 5% of construction and contingency costs.

**Off Site Work** - These costs total \$369,986. The State Board does not have a standard for these costs.

**New Construction and Contingencies** - These costs total \$4,962,210 or \$298.42 per GSF. This appears reasonable when compared to the adjusted State standard of \$381.10 per GSF.

**Contingencies** - These costs total \$451,110 or 10% of construction costs. This appears reasonable compared to the State standard of 10%.

**Architectural and Engineering Fees** - These costs total \$212,500 or 4.2% of construction and contingencies. This appears reasonable compared to the State standard of 6.42% -9.64%





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**Consulting or Other Fees** - These costs total \$564,076. The State Board does not have standards for this cost.

**Moveable and Other Equipment** - These costs total \$2,475,728. The State Board does not have for these costs.

**Other Costs to be Capitalized** - These costs total \$252,611. The State Board does not have a standard for these costs.

**FMV of Leased Equipment** - These costs total \$3,500,000. The State Board does not have a standard for these costs.

The applicants appear to have met the all of State Board standards for costs and a positive finding can be made for this criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COST CRITERION (77 IAC 1120.140(c)).**

### **D. Criterion 1120.140(d) - Projected Operating Costs**

The criterion states:

**"The applicant must provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Direct costs mean the fully allocated costs of salaries, benefits, and supplies for the service."**

The applicants project \$3,341.78 of annual operating costs per equivalent patient day for the first year of operation. The State Board does not have a standard for this cost.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECTED OPERATING COSTS CRITERION (77 IAC 1120.140(d)).**



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**E. Criterion 1120.140(e) - Total Effect of the Project on Capital Costs**

**The criterion states:**

**"The applicant must provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later."**

The applicants project \$539.06 per adjusted patient day in annual capital costs for the first year of operation.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS CRITERION (77 IAC 1120.140(e)).**

## 12-019 Elmhurst Memorial Hospital - Elmhurst



Ownership, Management and General Information			Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Leo F. Fronza		White	80.7%	Hispanic or Latino:	10.4%
ADMINSTRATOR PHONE	630-833-1400 x41000		Black	4.8%	Not Hispanic or Latino:	76.5%
OWNERSHIP:	Elmhurst Memorial Hospital		American Indian	0.1%	Unknown:	13.1%
OPERATOR:	Elmhurst Memorial Hospital		Asian	1.3%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R		Hawaiian/ Pacific	0.0%	IDPH Number:	1511
CERTIFICATION:			Unknown:	13.1%	HPA	A-05
FACILITY DESIGNATION:	General Hospital				HSA	7
ADDRESS	200 Berteau Avenue	CITY: Elmhurst	COUNTY:	DuPage County		

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2010	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2010	Staff Bed Occupancy Rate %
Medical/Surgical	198	189	142	9,894	48,222	3,431	5.2	141.5	71.5	74.9
0-14 Years				0	0					
15-44 Years				1,219	3,912					
45-64 Years				2,695	11,837					
65-74 Years				1,822	9,312					
75 Years +				4,158	23,161					
Pediatric	6	10	6	125	269	195	3.7	1.3	21.2	12.7
Intensive Care	35	26	23	2,024	5,479	13	2.7	15.0	43.0	57.9
Direct Admission				1,544	4,059					
Transfers				480	1,420					
Obstetric/Gynecology	20	24	20	1,340	3,649	120	2.8	10.3	51.6	43.0
Maternity				1,340	3,649					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	38	38	38	865	12,980	0	15.0	35.6	93.6	93.6
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	18	18	18	740	4,404	0	6.0	12.1	67.0	67.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	315			14,508	75,003	3,759	5.4	215.8	68.504	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
	53.3%	8.4%	0.3%	26.6%	3.8%	7.7%	
Inpatients	7726	1217	50	3854	545	1116	14,508
	28.4%	9.7%	0.6%	55.3%	5.1%	1.0%	
Outpatients	113583	38640	2538	221296	20263	4006	400,326

  

Financial Year Reported:	7/1/2009 to	6/30/2010	Inpatient and Outpatient Net Revenue by Payor Source						Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense		
Inpatient Revenue ( \$ )	45.2%	5.4%	0.0%	49.2%	0.1%	100.0%			7,091,291
	73,893,928	8,857,501	76,285	80,375,478	233,937	163,437,129	3,931,342		
Outpatient Revenue ( \$ )	16.1%	2.4%	0.0%	79.4%	2.1%	100.0%			
	21,508,274	3,245,659	16,892	105,722,863	2,733,342	133,227,030	3,159,949		

Totals: Charity  
Care as % of  
Net Revenue

Birthing Data			Newborn Nursery Utilization			Organ Transplantation		
Number of Total Births:	1,290		Level 1 Patient Days	2,787		Kidney:		0
Number of Live Births:	1,284		Level 2 Patient Days	595		Heart:		0
Birthing Rooms:	0		Level 2+ Patient Days	0		Lung:		0
Labor Rooms:	0		Total Nursery Patientdays	3,382		Heart/Lung:		0
Delivery Rooms:	0					Pancreas:		0
Labor-Delivery-Recovery Rooms:	0					Liver:		0
Labor-Delivery-Recovery-Postpartum Rooms:	24		Inpatient Studies	498,340		Total:		0
C-Section Rooms:	2		Outpatient Studies	493,184				
CSections Performed:	299		Studies Performed Under Contract	38,576				

\* Note: Due to project #07-104, presently under construction, Berteau campus continues to operate 294 beds + 13 reserve beds. As part of the replacement project # 07-104, York Street campus is approved for 259 beds (198 M/S, 6 Ped, 20 OB, 35 ICU plus Open Heart Surgery and Cardiac Cath services). Facility will continue to operate 38 LTC and 18 AMI beds at Berteau location.



**Surgery and Operating Room Utilization**

<b>Surgical Specialty</b>	<b>Operating Rooms</b>				<b>Surgical Cases</b>		<b>Surgical Hours</b>			<b>Hours per Case</b>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	461	91	2385	244	2629	5.2	2.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	10	10	1060	1454	3049	2903	5952	2.9	2.0
Gastroenterology	0	0	0	0	25	4	40	8	48	1.6	2.0
Neurology	0	0	0	0	183	19	806	49	855	4.4	2.6
OB/Gynecology	0	0	0	0	239	582	691	937	1628	2.9	1.6
Oral/Maxillofacial	0	0	0	0	4	10	10	21	31	2.5	2.1
Ophthalmology	0	0	0	0	3	284	6	545	551	2.0	1.9
Orthopedic	0	0	0	0	1005	1414	3298	2872	6170	3.3	2.0
Otolaryngology	0	0	0	0	41	712	94	1067	1161	2.3	1.5
Plastic Surgery	0	0	0	0	17	529	69	1204	1273	4.1	2.3
Podiatry	0	0	0	0	14	4	26	8	34	1.9	2.0
Thoracic	0	0	0	0	6	1	13	2	15	2.2	2.0
Urology	0	0	2	2	177	474	384	720	1104	2.2	1.5
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>14</b>	<b>3235</b>	<b>5578</b>	<b>10871</b>	<b>10580</b>	<b>21451</b>	<b>3.4</b>	<b>1.9</b>
<b>SURGICAL RECOVERY STATIONS</b>			Stage 1 Recovery Stations		20		Stage 2 Recovery Stations		23		

**Dedicated and Non-Dedicated Procedure Room Utilization**

<b>Procedure Type</b>	<b>Procedure Rooms</b>				<b>Surgical Cases</b>		<b>Surgical Hours</b>			<b>Hours per Case</b>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
<b>Gastrointestinal</b>	0	0	5	5	1234	6020	1049	5117	6166	0.9	0.9
<b>Laser Eye Procedures</b>	0	0	0	0	0	0	0	0	0	0.0	0.0
<b>Pain Management</b>	0	0	0	0	0	0	0	0	0	0.0	0.0
<b>Cystoscopy</b>	0	0	0	0	0	0	0	0	0	0.0	0.0
<b>Multipurpose Non-Dedicated Rooms</b>											
<b>C-Section</b>	2	0	0	2	299	0	545	0	545	1.8	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

**Cardiac Catheterization Labs**

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

**Emergency/Trauma Care**

Certified Trauma Center	Yes
Level of Trauma Service	<b>Level 1</b> Not Applicable
Operating Rooms Dedicated for Trauma Care	<b>Level 2</b> Adult
Number of Trauma Visits:	0
Patients Admitted from Trauma	5,536
Emergency Service Type:	602
Number of Emergency Room Stations	Comprehensive
Persons Treated by Emergency Services:	28
Patients Admitted from Emergency:	39,716
Total ED Visits (Emergency+Trauma):	8,183
	45,252

**Cardiac Catheterization Utilization**

Total Cardiac Cath Procedures:	2,397
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,105
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	472
EP Catheterizations (15+)	820

**Cardiac Surgery Data**

Total Cardiac Surgery Cases:	186
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	186
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	133

**Outpatient Service Data**

Total Outpatient Visits	400,326
Outpatient Visits at the Hospital/ Campus:	225,514
Outpatient Visits Offsite/off campus	174,812

**Diagnostic/Interventional Equipment****Examinations****Radiation Equipment****Therapie:**

	<b>Own</b>	<b>Contract</b>	<b>Inpatient</b>	<b>Outpt</b>	<b>Contract</b>		<b>Owned</b>	<b>Contract</b>	<b>Treatments</b>
General Radiography/Fluoroscopy	8	0	26,547	31,788	0	Lithotripsy	0	0	0
Nuclear Medicine	6	0	1,436	3,356	0	Linear Accelerator	1	0	245
Mammography	3	0	21	6,828	0	Image Guided Rad Therapy	0	0	202
Ultrasound	4	0	4,699	8,606	0	Intensity Modulated Rad Thrpy	0	0	88
Angiography	1	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			289	259	0	Proton Beam Therapy	0	0	0
Interventional Angiography			568	318	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	317	Cyber knife	0	1	260
Computerized Axial Tomography (CAT)	2	0	9,286	13,428	0				
Magnetic Resonance Imaging	1	0	1,572	2,412	0				